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| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: | Registration So Division of Cor | | . . | | | |
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| SUBJ | 5148 Majo | rca Club Dr LLC | - | | | |
| 3003 | | Name of Lim | ited Liability Company | | | |
| | | Amendment and fee(s) are sub | · | | | |
| Please | return all correspo | indence concerning this matter | to the following: | | | |
| | | United States Corporation | on Agents, Inc | | | |
| Name of Person | | | | | | |
| | | United States Corporation | on Agents, inc | | | |
| | | FimvCompany 13302 Winding Oak Court Suite A Address Tampa, FL 33612 | | | | |
| | | Tampa, FL 33612 | Address | <u>.</u> | | |
| | | Anne@212dentalcare.com | City/State and Zip Code m | | | |
| | | | to be used for future annual report noti | fication) | | |
| | | oncerning this matter, please ca | | | | |
| Antho | ny Santamaria | | 561 899-4595 at () | | | |
| | Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclos | sed is a check for th | ne following amount: | | | | |
| \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | | | | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5148 Majorca Club Dr LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3/6/17 and assigned Florida document number L17000052070 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|---|----------------|
| MGR | William Santamaria | 21944 Town Place Dr Boca Raton, FL 33433 | |
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| fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable straptory | (optional) |
| | or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed |
| current's effective date on the Department of State's records. | b 11- money and care with not be instead |
| | |
| record specifies a delayed effective date, but not an effection for the record is filed. | ve time, at 12:01 a.m. on the earlier |
| The Sour day after the record is filed. | |
| A large | |
| ted August 28/ , 2018. | |
| SALA I ' | |
| $(\setminus \mathbf{X}) \sim \mathcal{I}$ | |
| Signature of a member or authorized representa | ative of a member |

Page 3 of 3

Filing Fee: \$25.00